

Name
in
Full

Kate America

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Howard	County	MARYLAND
Date of death	Month	Day	Years	Months Days
1909	5	30	28	
Sex	Female	Color or Race	Howard Co.	
Occupation	House wife	Where Residing if not at place of death	North Laurel	
Married, Single or Widowed	Married	Name of Wife or Husband		
Father's Name	Charles America	Father's Birthplace	R.R. Co.	
Mother's Maiden Name	Sally Hopkins	Mother's Birthplace	Howard Co.	
Name of person giving information	Charles America	How related to deceased	Father	

CAUSES OF DEATH

27

How long

6 mos

How long

2 days

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

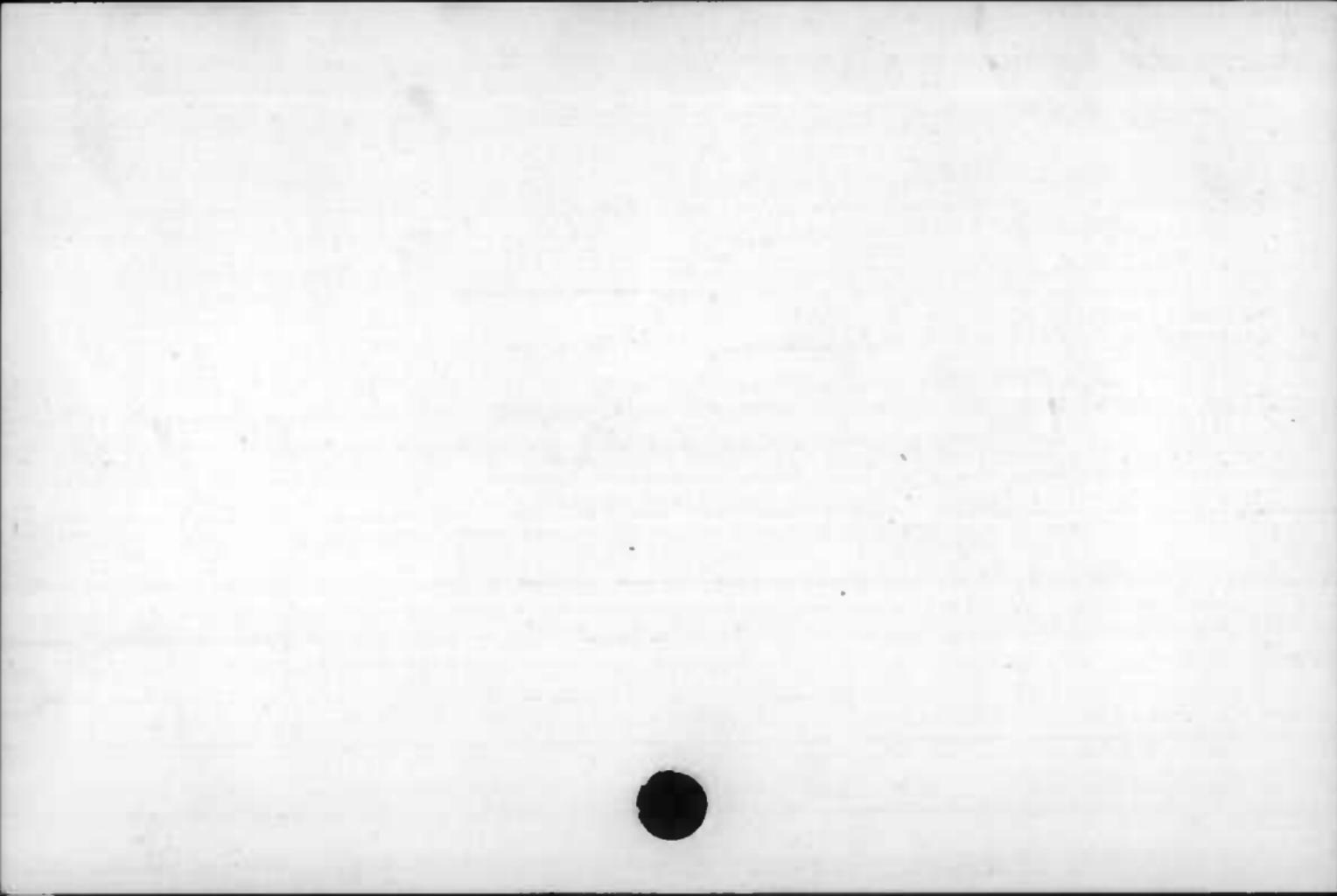
yes

Signature of Physician

Address

W.L. Taylor M.D.
Laurel Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

William Bauman

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Elkridge	Howard			
Date of death	Month	Day	Years	Months Days
1909	May	20	Age	1/2 hour
Sex	male	Color or Race	white	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
single	Wm J. Bauman			
Father's Name	Father's Birthplace			
Wm J. Bauman	Elkridge Md.			
Mother's Maiden Name	Mother's Birthplace			
Frances Lucia Trama	Elkridge Md.			
Name of person giving information	How related to deceased			
Wm J. Bauman	father			

CAUSES OF DEATH

176

How long

30 minutes

Primary

difficult labor with injury to head

How long

hours

Immediate

some

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Arthur Willows
Elk Ridge Md

Accident or Suicide?

no

Wm B. Brothers
428 Frederick Ave
Balto. Md.

—
Harry J Trainor
Manager
Elkridge - Md.

Name
in
Full

Rosanna Coursey.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Robt H Coursey.			
Father's Name	Daniel Lemmon.		Father's Birthplace	Ireland.	
Mother's Maiden Name	Rosanna Lemmon.		Mother's Birthplace	Hammond Co. Md.	
Name of person giving information	Doris Rose Coursey		How related to deceased	Daughter.	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Heart of Kidney disease

How long

several years

Immediate

Grip of Nephritis

How long

Two weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

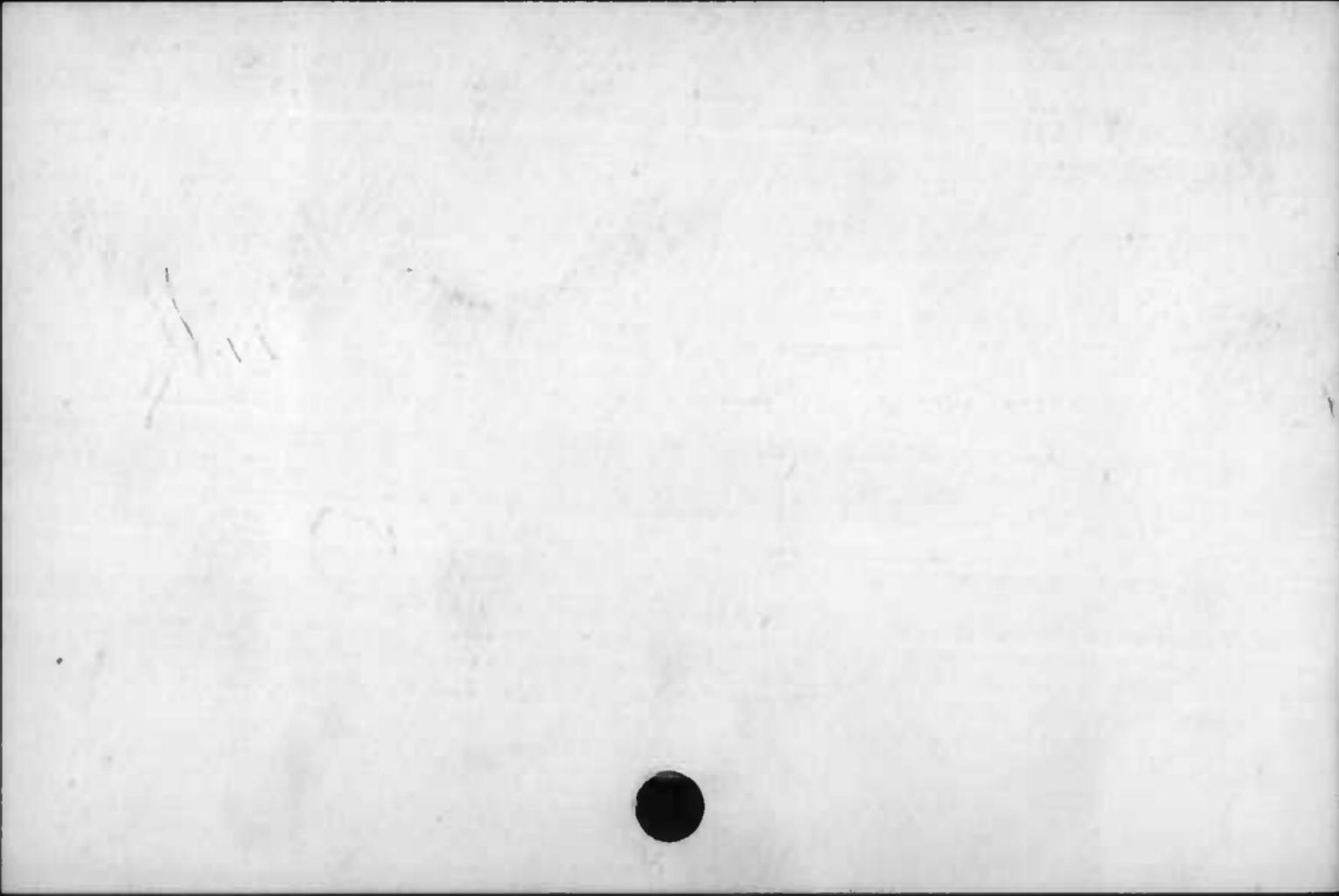
Address

J-W Lacy

Lisbon.

Mo

Accident or Suicide?



Name
in
Full

Nellie Cordelia Hill

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

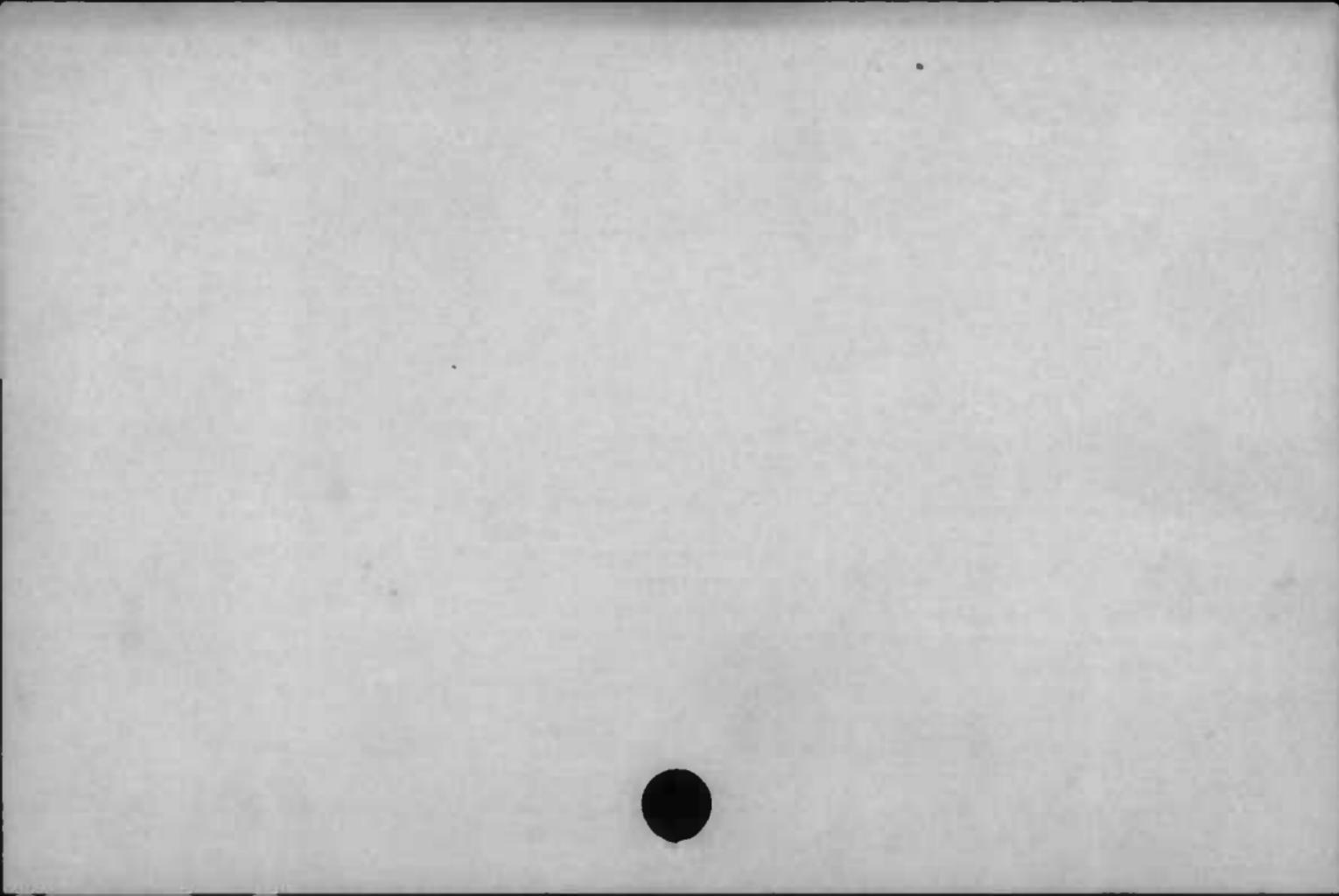
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1909 May	15th	Age	15
Months	Days	6	15th
Sex	Color or Race	Birth-place	
Female	White	Elkridge	
Occupation	Where Residing if not at place of death		
Home duties	Elkridge		
Married, Single or Widowed	Name or Wife or Husband		
Single	None		
Father's Name	Father's Birthplace		
Thomas P. Hill	Elliott City		
Mother's Maiden Name	Mother's Birthplace		
Annie M. Gray	Elkridge		
Name of person giving information	How related to deceased		
Jesse M. Hill	Brother		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia & Empyema	How long	2 weeks
Immediate	some	How long	some
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Arthur Wilkins
		Address	Elk Ridge Md
Accident or Suicide?			
no			



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Andrew Jackson Isaac

Died at Ellicott City

County Howard

MARYLAND

Date of death 1909 Month May Day 11 Age 92 Years Months — Days —

Sex Male Color or Race White Birth-place Maryland

Occupation Retired Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Susan Oliver

Father's Name John Isaac Father's Birthplace Maryland

Mother's Maiden Name Elizabeth Moore Mother's Birthplace Maryland

Name of person giving Information Rev Frank R Isaac How related to deceased Son

154

How long

Gradual

How long

About 6 years

Primary

Old age

Immediate

Cardiac Asthenia

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Wm B Gamblill
Ellicott City, Md.

Accident or Suicide?

17

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dimpie McDanal
Town Woodstock
Died at Woodstock
Date of death 190 Month May Day 10
Age 33 Years

CERTIFICATE OF DEATH

MARYLAND

Months Days

Sex Female Color or Race white

Birth-place

Occupation Housewife Name of wife or Husband

Where Residing, not at place of death

Married, Single or Widowed married

Eli McDanal

Father's Birthplace

Name Father's

Don't know

Don't know

Mother's Maiden Name Don't know

Mother's Birthplace

Name of person giving information

Eli McDanal

How related to deceased

Don't know

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

Immediate

Exacerbations

2 years

Are the name, age, sex, color, date and place correctly given above?

yes

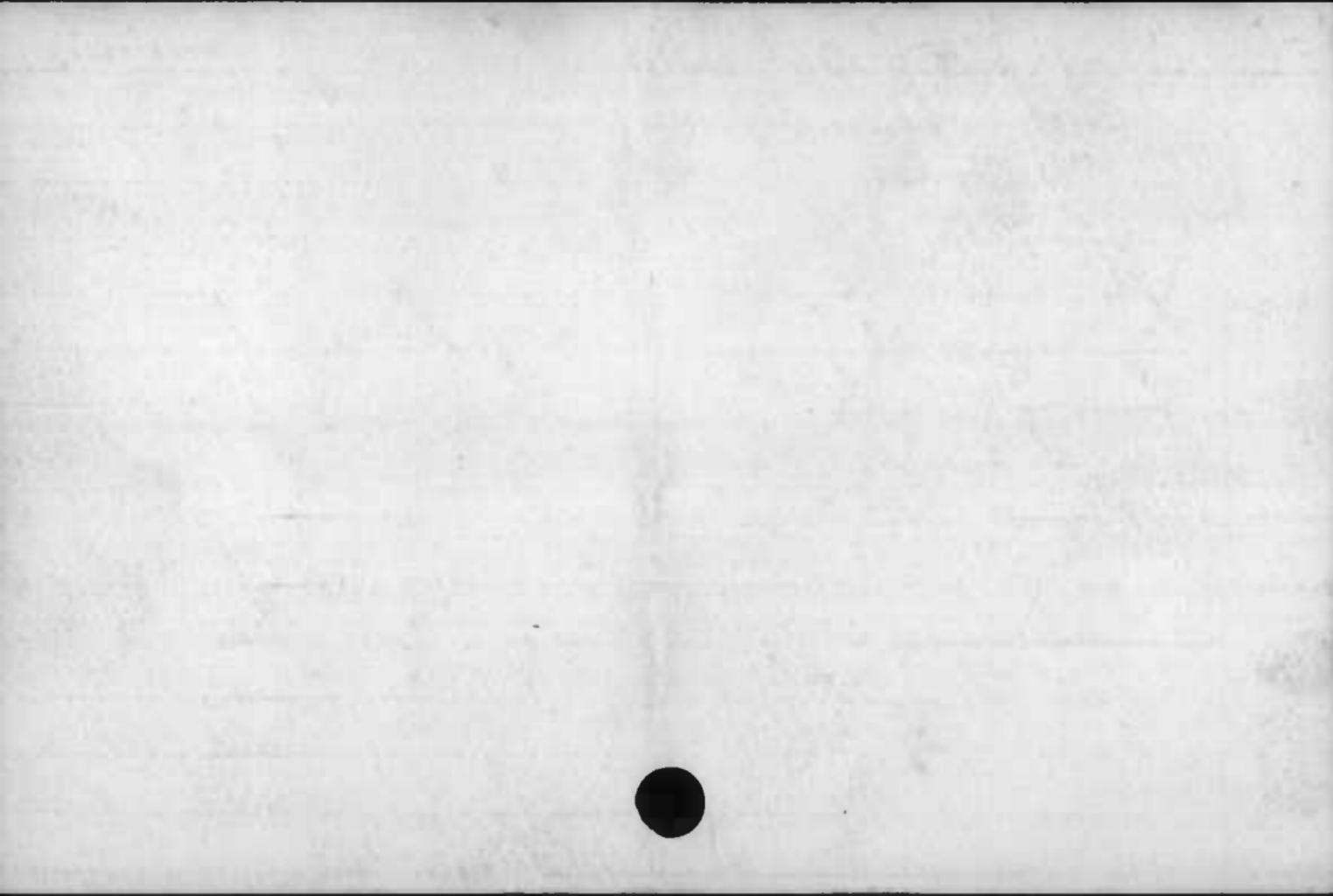
Signature of Physician

Address

How long

60 days

Accident or Suicide?



Name
In
Full

L. W. Munson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Savage

Howard

MARYLAND

Date
of death

1909

Month

J

Day

16

Years

17

Months

2

Days

Sex

male

Color or
Race

white

Birth-
place

M.D.

Occupation

Bldm Mill worker

Where Residing if not
at place of death

Savage

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William Munson

Father's
Birthplace

M.D.

Mother's
Maiden Name

Catharine John

Mother's
Birthplace

M.D.

Name of person giving
Information

Mathias Munson

How related
to deceased

brother

CAUSES OF DEATH

27

How long

1 year

How long

progressive

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Signature of
Physician

Address

Mathias Munson M.D.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

You

Signature of
Physician

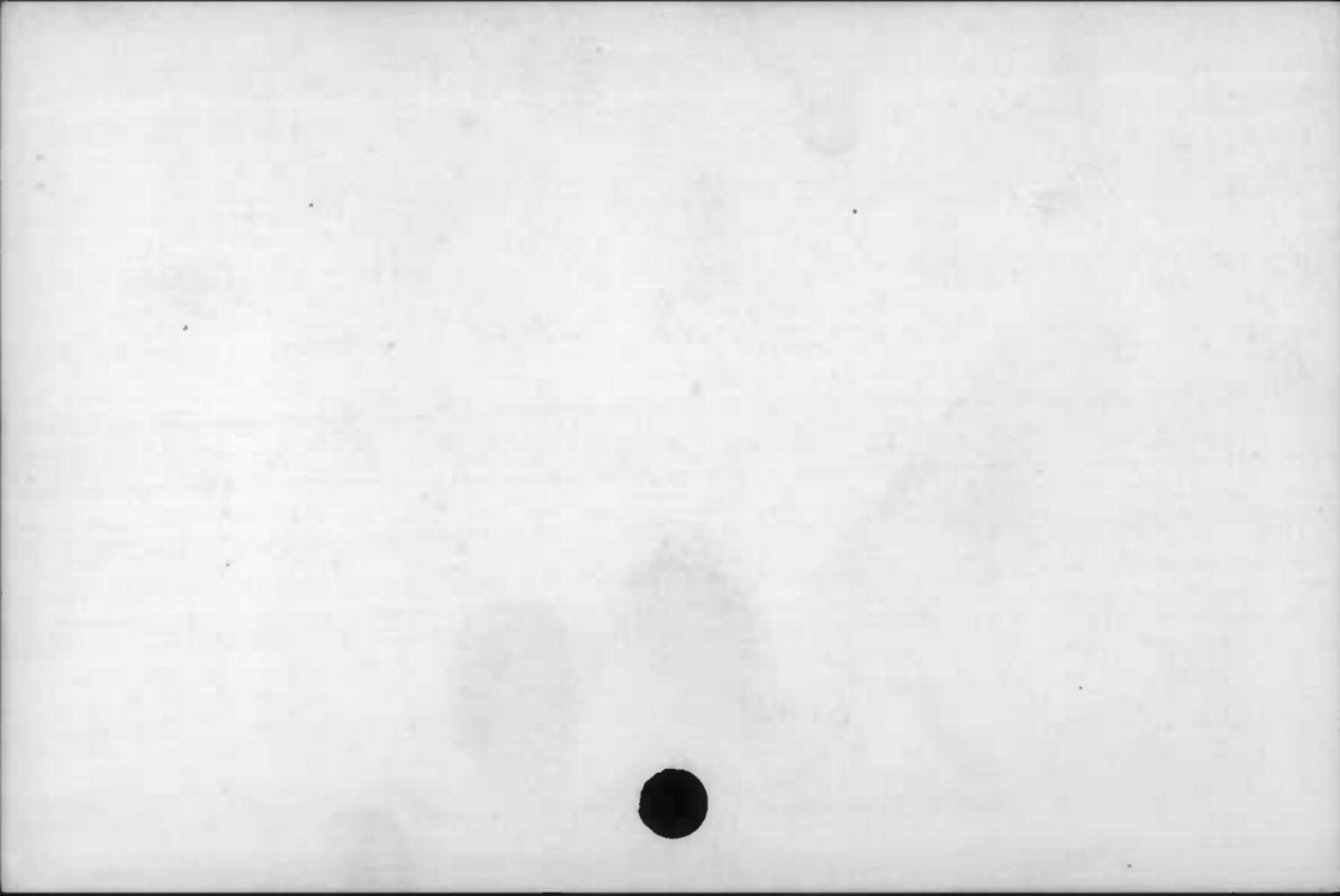
Address

Mathias Munson
Savage

M.D.

Accident or Suicide?

No



Name
in
Full

V. elarius Penn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Howard			MARYLAND		
Died at	Ivory	County	Howard			
Date of death	1909	Month	May	Day	7 th	Years
Sex	Male	Age	56	Months		Days
Occupation	white			Birth-place	Montgomery Co Md	
Married, Single Widow	Where Residing if not at place of death			died at home		
Name	Isabelle Heckard			Father's Birthplace	Md	
Father's Name	Reuben Penn			Mother's Birthplace	Montgomery Co	
Mother's Maiden Name	Nancye Heckard			How related to deceased	do	
Name of person giving information	Longsey Penn			How long	Son	
CAUSES OF DEATH						
Primary	Nephritis, Influenza, apoplexy			How long	about 6 weeks	
Immediate	Coma			How long	about 3 days	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Benj. F. Shufley M.D.	
				Address	alpha Howard Co Md	
Accident or Suicide?						

PHYSICIAN
OR CORONER



LIBRARY BUREAU ASSOC.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Louisa J Pierce

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month May	Day 30	Age 71	Months 6	Days no
Sax	Feyrall	Color or Race	Where Residing if not at place of death		Balto. Co.	
Occupation	Housewife	Ellicott City		Ephraim Pierce		
Married, Single or Widowed	Widow	Name of Wife or Husband			Balto. Co.	
Father's Name	James Lee			Balto. Co.		
Mother's Maiden Name	Charlotte Lee			Balto. Co.		
Name of person giving Information	Ira Rose			Minister		

CAUSES OF DEATH

Primary

Artificial Insufficiency

How long

A year or more

Immediate

Cardiac Paroxysms

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

John Blaumbald
Ellicott City, Md.

Accident or Suicide

✓✓✓L

Name
in
Full

William Albert Rudkin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Guilford	Howard			
Date of death	1909	Month	Day	Years	Months Days
	May	28 th		8	6 13
Sex	male	Color or Race	white	Birth-place	Guilford
Occupation	none	Where Residing if not at place of death			Guilford
Married, Single or Widowed		Name of Wife or Husband	none		
Father's Name	Robert Rudkin	Father's Birthplace	Etagland		
Mother's Maiden Name	Mary Margaret Lowsery	Mother's Birthplace	Guilford		
Name of person giving information	mother - Mrs Robt Rudkin	How related to deceased	mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

1

How long

six weeks

Immediate

Exhaustion

How long

one week

Are the name, age, sex, color, date and place correctly given above?

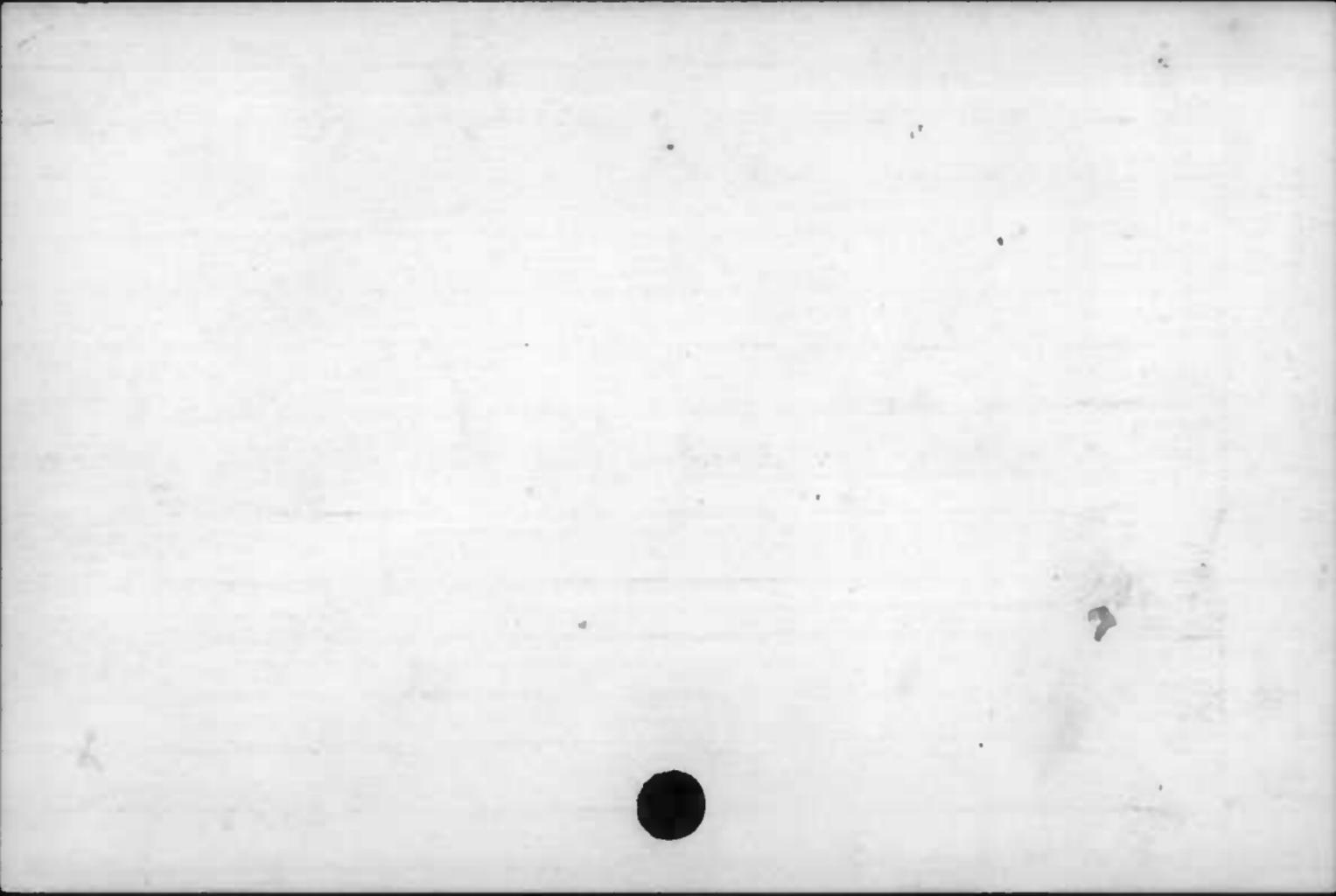
yes

Signature of Physician

Address

Chas G Tymblson 3120
Guilford Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Stanley J Thompson

CERTIFICATE OF DEATH

Died at Jones Town County Howard
Date of death 1909 Month May Day 23 Years no Months 10 Days nd
Sex Male Color or Race White
Occupation None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Single None

Lewis E Thompson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Martha H Gulliford

Mother's
Birthplace

Maryland

Name of person giving
Information

Lewis E Thompson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Enteric Colitis

105

How long

4 days

Immediate

Convulsions

5 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W.B. Sambrill
Ellicott City, Md.

Accident or Suicide

154

Name
in
Full

William O Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Woodstock i County Howard MARYLAND
Month Month Days
Date of death 1909 May Day 18 Years Age 39 Month Days
Sex Male Color or Race White Birth-place Maryland
Occupation Labor Where Residing if not et place of death Woodstock
Married, Single or Widowed Married Name of Wife or Husband Leah Sullivan Father's Birthplace Maryland
Father's Name Robert Wells Mother's Birthplace Maryland
Mother's Maiden Name Eugenia Bryam Maryland
Name of person giving Information George H Wells How related to deceased Brother

CAUSES OF DEATH

166

How long

Primary

Immediate

Accidental death by run over by train

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

William F. Kelly coroner

Elliott City

Md

PHYSICIAN
OR CORONER

Accident or Suicide

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